|          |          | TOUR       | N PER    | DEL VI | 77  | ANGIN NESENVED FOR BINDING   |       |
|----------|----------|------------|----------|--------|-----|--|-------|
| A. LY,   | WITH     | UNFAD      | ING I    | NK-T   | HIS | A. LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD                    | SRD   |
| d be car | efully : | supplied.  | AGE      | plnous | pe  | d be carefully supplied. AGE should be stated EXACTLY. PHYS            | HYS   |
| DEATH    | in plain | n terms,   | so that  | it may | pe  | DEATH in plain terms, so that it may be properly classified. Exact sta | t sta |
| -import  | ant. S.  | ee instruc | ctions o | n back | of  | important. See instructions on back of certificate.                    |       |

mation sho CAUSE OI

LION

WRITE

V. S. No. 1

OCCUPA-

of

tement

CIANS

5a. If married, widos HUSBAND of (or) WIFE of

6. DATE OF BIRTH

12. BIRTHPLACE (city or tow (State or country)

15. MAIOEN NAME

(State or country)

(Stata or country)

13. NAME

17. INFORMANT. (Address)

19. UNDERTAKER

20. FILED ...

(Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 9717  |
|---|--|
| 1. PLACE OF DEATH   | 600  |
| County Calvers  | Registration Dist. No. 5/  |
| Village or City Mutual  | NoSt.,Ward   |
|   | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos                             | ds. How long In U.S.if of foraign birth?yrsmosds.  |
| 2. FULL NAME Halkon 1 Drooks  | If U.S. Veteran specify WAR.   |
| (a) Residence: No. Watual   | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| SEX A. COLOR OR RACE OR DIVORCED. (write tha word)  Market Colored Married  Married         | 21. DATE OF BEATH  September 4  (Month) (Day) (Year)                                     |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of Market Packel Brooks            | 22.   HEREBY CERTIFY, That I attended decaased from                                      |
| DATE OF BIRTH (month, day, and year) 2 -17 -1875  | I lasted when alive on august 1 , 1935; death is said                                    |
| AGE Years   Months   Days   I'LESS than   | to have occurred on the date stated abora, atm.  |
| 60 6 18 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causas of Importence were as follows:           |
| 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Tail Sea De dem  |
| 9. Industry or business in which  | Tonord Claradaini  |

work was dona, as SILK MILL, SAW MILL, BANK, atc..... 10. Data daceasad last worked at 11. Total tima (years)
spent in this this occupation (month and occupation \_\_\_\_ Contributory Causes of importance 14. BIRTHPLACE (city or town Name of oparation. What test confirmed diagnosis? ..... Was there an eutopsy? ..... 23. If daath was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Data\_\_\_\_ Nature of Injury. 24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signad) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example LIVED   |               | Example II   |               |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows of 9 1905 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis BUREAU V S   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5, 1927  | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |

V. S. No. 1 N. B.—V

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH)  | 3/18  |
| County. Callery   | Registration Dist. No. 5/   |
| Village or City Parsage   | NoSt., Ward   |
| (If Length of residence in city or town where death occurredyrsmos.               | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
| /H- //  | os. mos. mos. mos. os.  |
| 2. FULL NAME AND NAME   | Theu ,  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED WIDOWED, OR DIVORCED Gente the word) | 21. DATE OF DEATH (Mogh) (Day) (Year)   |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of                      | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 1, n y 2-d 3,7  | l last saw h elive on 19 death is said  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than     | I last saw h; death is said to have occurred on the dete stated above, et 2. A m.   |
| 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance   |
| 9 Trade profession or continuer   | were as follows:  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                            | Sh G Man  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 1 syspelist   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                            | 700077  |
| year) occupetion occupetion   | Other Contributory Canses of importance:  |
| 12. BIRTHPLACE (city or town) amana ma.  (State or country)                       |   |
|   |   |
| 13. NAME June Chey  14. BIRTHPLACE (city or town)                                 | Neme of operation Date of   |
| (State or country)  | What test confirmed diagnosis?  |
| 15. MAIDEN NAME THE John  | 23. If death was due to external causes (VIOLENCE) fill In also the following:  |
| 16. BIRTHPLACE (city or town) 93.4  | Accident, suicide, or homicide? Date of injury, 19  |
| ∑ (State or country)  | Where did injury occur?   |
| 17. INFORMANT LIMING Chew (Address)   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.                  |
| 18. BURIAL, CREMADION, OR REMOVAL Place Lever Th. Date 7/20, 1935                 | Manner of injury  |
| 19. UNDERTAKER Ses Freeman  | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) Variantes.  | If so, specify mount  |
| 20. FILED 700 , 19 35 J. N. 1 4   | (Signed) June Hinder Ch. M. D.  |
| Registrar.  | (Augress)   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I   | 1           | Example II   |               |
|---|-------------|--|---------------|
| The principal cause of death and related cause of importance were as follows: |             | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FECLIVEL   | 1915        | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | 1921        | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage OCT 9 1953  | July 5,1927 | Peritonitis  | 3 days ago    |
| BUREAU V. S.  |             |  |               |
| Other contributory causes of importance:                                      |             | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923  | Gastroenteritis  | 1 year        |
|   |             |  |               |
|   |             |  |               |

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| Exam   |  |               | Example II   |               |
|--|--|---------------|--|---------------|
| The principal cause of death of importance were as follows | :  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | OCT 9 1935   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitual nephritis                             |  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | UREAU Y  | July 5,1927   | Peritonitis  | 3 days ago    |
| A south  | And the second s |               |  |               |
| Other contributory causes of                               | importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones   |  | May 1,1923    | Gastroenteritis  | 1 year        |
|  |  |               |  |               |

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

of OCCUPA.

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 3720   |
| County Callery  | Registration Dist. No. 5   |
| Village or City Huntingtown (IF   | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  |
| Length of residence in city or town where death occurredyrsmos  |  |
| 2. FULL NAME A MAMMU Y  | reland.  |
| (a) Residence: No. Alim Amstru  | St. Ward.  |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, -OR DIVORCED (write the yord)  | 21. DATE OF DEATH (Month) (Day) (Year)   |
| 5a. If married, widowed or divorced HUSBAND of  |  |
| (or) WIFE of Some Sulling   | 22. I HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year)   | last saw h 12 alive on July 19 19 death is said  |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at  |
| 56 7, 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importence  |
| 8. Trade, profession, or particular   | were as follows:   |
| kind of work done, as SPINNER, Amustic  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and | Carcinonia Breast 1-19   |
| 10. Date deceased lest worked at this occupation (month and year)   |  |
| m   | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)  | Jun Caro in amateur 3 m  |
| 13. NAME DIMM Chow  | - con carcon on has 5 mg   |
| 14. BIRTHPLACE (city or town)   | Name of operation. The Date of   |
| (State or country)  | Whet test confirmed diagnosis?   |
| 15. MAIDEN NAME Mortha Grun   | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  | Accident, suicide, or homicide? Date of Injury, 19   |
| 17. INFORMANT Joseph Josephon,  | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| (Address) Justing Mil.  18. BURIAL, CREMATION, OR REMOVAL   | N  |
| Place Fatural Date 119 1936   | Manner of injury   |
| 19. UNDERTAKER Wilson news a  | 24. Was disease or injury in any way releted to occupation of deceased?  |
| (Address) M. Makerick Heart   | If so, specify   |
| 20. FILED 9/1 9 19 35 Q. M. Fred Registrar.   | (Signed) (Address) rmn Fudurich  |
| A Megistrat.  | ( Tourse of the state of the st |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC |
|---|
|---|

B.-WRITE PLANLY, WITH

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  |   | 980  |  |
|--|---|--|--|
| County Called  |   | Registration Dist. No. 5/  |  |
| Village or City LAR LE   | (1  | No   |  |
| Length of residence in city or town where death                      | occurredwrs,mos   | ds. How long In U.S. if of foreign birth?yrsmosds.                             |  |
| 2. FULL NAME Williams  | C Trass   | not a veteran  |  |
| (a) Residence: No.   | (Usual place of abode)                                    | St., Ward.  If nonresident give city or town and State                         |  |
| PERSONAL AND STATISTICA  | PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |  |
|  | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  (Month)  (Day)  (Year)                                      |  |
| 5a. If married, widowad, or divorced HUSBAND of —(er) -WIFE-of Autre | Troes.  | 22. HEREBY CERTIFY That I attended deceased from                               |  |
| 6. DATE OF BIRTH (month, day, end year)                              | uch 201855  | I last saw h_ Malive on Alfa 1 57 1955; death is said                          |  |
| 7. AGE Years Months  | Days If LESS than   | to have occurred on the data stated above, at/ f.m.                            |  |
| 80! 6  | - 8 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |  |
| 8. Trada, profession, or particular kind of work dona, es SPINNER,   |   | asterio selvoris   |  |
| SAWYER, BOOKKEEPER, etc  |   | Musicardial Failure line.  |  |
| 9. Industry or business in which work was done, es SILK MILL.        |   | Red monans bedeuna Pentres   |  |
| kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc               | 11. Total time (years)                                    | Chronic myochditis, due to coronary  |  |
| this occupation (month end yeer)                                     | spent in this   | selerosion Cenf. Q.  |  |
| 12. BIRTHPLACE (city or town) Calue (State or country)               | 186   | Other Contributory Causes of importence:                                       |  |
| 1  | in - Grass  |  |  |
| H  | Qual +0   |  |  |
| 14. BIRTHPLACE (city or town) (Stata or country)                     | and and   | Nama of operation Data of  |  |
|  | Masen   | What test confirmed diagnosis? Was there en eutopsy?                           |  |
|  | Our of the  | 23. If death wes due to external causes (VIOLENCE) fill in elso tha following: |  |
| 16. BIRTHPLACE (city or town) (Stata or country)                     | wer of  | Accident, suicide, or homicide? Date of injury, 19                             |  |
| (P - 1 - 1 5°  | 00.   |  |  |
| 17. INFORMANT Werusily   | cer-  | Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.      |  |
| (Address) Furstly  18. BURIAL, CREWATION, OR REMOVAL                 | my /  |  |  |
| Lucky)   | Date / 30 193-5   | Manner of injury   |  |
| 111:01   |   | Nature of injury   |  |
| 19. UNDERTAKER   | asoa  | 24. Was diseasa or injury in eny way related to occupetion of deceased?        |  |
| (Address)  | ned.  | If so, specify   |  |
| 20. FILED 430 , 1935   | 1. 1 Ju   | (Signed) M. D  |  |
|  | Registrar.  | (Address) Hanne Dellewer   |  |

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| Exa  | mple I        | Carponent Sales | Example II   |                           |
|--|---------------|-----------------|--|---------------------------|
| The principal cause of death of importance were as follow Arteriosclerosis | 78:           | Date of onset   | The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | OCT 9 1935    | 1921            | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | 00.           | July 5 1927     | Peritonitis  | 3 days ago                |
|  | BUREAU V.     |                 |  |                           |
| Other contributory causes of   | f importance: |                 | Other contributory causes of importance:   |                           |
| Gallstones   |               | May 1,1923      | Gastroenteritis  | 1 year                    |
|  |               |                 |  |                           |
|  |               |                 |  |                           |

ARGIN RESERVED FOR BINDING

V. S. No. 1

|            |                             | STATE   | OF MAF                | RYLAND-  | CERTIFICATE OF DEATH   | 19           |
|------------|-----------------------------|---|-----------------------|--|--|--------------|
| 1          | L PLACE OF                  | F DEATH   | 2 \                   |  | <u> </u>   | 260          |
|            | County                      | Call  | rent                  | , ,  | Registration Dist. No. 5/  |              |
|            | Village or Ci               | ity Pani  | VUK                   | uble   | No. St.  | Ward         |
|            |                             |   |                       |  | death occurred in a hospital or institution, give its NAME instead of street and num   |              |
|            |                             | dence in city or town wher                                      | death occurred        | yrsmos   | ds. How long in U.S. if of foreign birth?yrsmos  | ds           |
| 2          | 2. FULL NAI                 | ME CU   | el c                  | gan  | Jarasa   |              |
|            | (a) Resident                | ce: No.   | or fle                | e of abode)  | CSt., Ward.  |              |
|            | PERSON                      | AL AND STATIS   | (Úsual plac           | The second secon | If nonresident give city or town and State  MEDICAL CERT1F1CATE OF DEATH   | e            |
| 3. 3       | SEX                         | 4. COLOR OR RACE  |                       | RRIED, WIDOWED,  | 21. DATE OF DEATH O  |              |
|            | 7                           | e   |                       | ED (write the word)  | Lips 7, 19   | 33           |
| 5a.        | If married, widow           | ed, or divorced   |                       |  | (Month) (Day)  | (Year)       |
|            | HUSBAND of<br>(or) WIFE of  |   |                       |  | 22. I HEREBY CERTIFY, Thet I ettended dece   | esed from    |
|            | - 1                         |   | 1 ml                  | 6 10n  | , 19, to   | , 19         |
| -          |                             | month, day, and year)   | repay                 | -4,1935  | l iast saw h alive on; de  | eath is sale |
| 7          | AGE Year                    | rs Months   | Days                  | If LESS than 1 day,hrs.  | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance   |              |
| -          | 1                           | 1   |                       | ormin,   | were se follows:   | ate of onset |
| NO         | kind of w                   | sion, or particular<br>ork done, as SPINNER,<br>BOOKKEEPER, etc |                       |  |  |              |
| OCCUPATION |                             | business in which<br>done, as SILK MILL,                        |                       |  | It Il hair   |              |
| 900        | SAW MIL                     | done, as SILK MILL,<br>L, BANK, etc                             |                       |  |  |              |
| Ö          | 10. Date decease            | ed last worked at pation (month end                             | 11. Totei             | time (years)<br>ant in this  |  |              |
| -          | yeer)                       |   |                       | cupation   | Other Contributory Causes of Importance:   |              |
| 12.        | BIRTHPLACE (cit             |   | Kennel                | he ma  | distribution of the product of the p |              |
| ~          | (State or coun              | try)  | Maria                 | 1  |  |              |
| FATHER     | 13. NAME                    | then o  | Janua .               | 01,  |  | ~~~~~        |
| -AT        | 14. BIRTHPLACE              |   | no                    | /  | Neme of operation Date of  |              |
| -          | (Stete or                   | 711   | 0.0.                  | 13   | What test confirmed diegnosis? Was there an autop  | )sy?         |
| MOTHER     | 15. MAIDEN NAM              | WE Pra  | ace                   | Mals   | 23. if death was due to external causes (VIOLENCE) fill In elso the following:   |              |
| MOT        | 16. BIRTHPLACE<br>(State or | (city or town)  | - m                   | <i></i>  | Accident, suicide, or homicide? Date of injury   | , 19         |
| -          | (21816.01                   | country)  | M                     | . 1  | Where did injury occur? (Specify city or town, county and State)   |              |
| 17.        | (Address)                   | Mayon   | rasu                  | 000  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |              |
| 18.        | BURIAL, CREMATI             | OAL OR REMOVAL  | 91                    | ausce.   | Name of telescope  |              |
|            | Piace Tal                   | Kees Crek   | Date                  | 1/ 1934-   | Menner of injury   |              |
|            |                             | 1   | Than                  | - 1  |  |              |
| 19.        | (Address)                   | Tay!  | 1000                  | -  | 24. Wes disease or injury in environ related to occupation of deceased?  |              |
|            | 91.                         | 3.0   | h                     | , )  | (Signed) busave  | 88 6         |
| 20.        | FILED                       | , 1953 &  | XILUIL                | Registrar.   | (Address) from testants  | W. L         |
|            |                             | If mor  | re blanks are needed, |  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exam  | nple I                        | 60 1.         | Example II   |                           |
|---|-------------------------------|---------------|--|---------------------------|
| The principal cause of death of importance were as follows Arteriosclerosis | and related causes OCT 9 1905 | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis  | OTIOPALL V.                   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage   | BUREAU                        | July5,1927    | Perilonitis  | 3 days ago                |
| Other contributory causes of  | importance:                   |               | Other contributory causes of importance:   |                           |
| Gallstones  |                               | May 1,1923    | Gastroenteritis  | 1 year                    |
|   |                               |               |  |                           |

V. S. No. 1

| 1. PLACE OF DEATH County Calvert  |  | 0.7)   | Registration        | Dist. No. 5            | 2                |
|---|--|--|---------------------|------------------------|------------------|
| Village or City Many  |  | No   |                     | St.                    | War              |
| Length of residence in city or town where d   |  | f death occurred in a hospital or institu<br>ds, How long In U.S. if o |                     |                        |                  |
| 2. FULL NAME Emm  | a here (Ro   | rulings) H.  | ollan               | d                      |                  |
| (a) Residence: No.  |  | St., Ward.   |                     |                        |                  |
| PERSONAL AND STATISTI   | (Usual place of abode)   | MEDICAL C  |                     | give city or town      |                  |
| 3. SEX 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  | ERTIFICATE          | OF DEATE               | 1                |
| 2   | OR DIVORCED (write the word)   | Za Daie of Death   | (Month)             | /-2<br>(Day)           | , 193<br>(Year)  |
| a. If married, widowed, or divorced<br>HUSBAND of   |  | 22. I HEREBY   | CEDILE              |                        |                  |
| (or) WIFE of  |  | 22. I HEREBY   |                     | y i nat - i - ettend   |                  |
| 5. DATE OF BIRTH (month, day, and year)   | 28, 1925   | I last saw harman alive on   |                     |                        |                  |
| 7. AGE Years Months   | Days If LESS than 1 day,hrs.   | to have occurred on the date state The PRINCIPAL CAUSE OF DEAT         |                     | m.<br>es of importance |                  |
| 8. Trade, profession, or particular   | the first the state of the stat | were as follows:   | h                   |                        | Date of one      |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc.  | yeur !   |  |                     |                        |                  |
| 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.   |  |  |                     |                        |                  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9/industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation  | -  |                     |                        |                  |
| 2. BIRTHPLACE (city or town) - Plant (State or county)  | -  | Other Contributory Causes of impo                                      | ortance:            |                        |                  |
| 13. NAME Elion Raw  | tings  |  |                     |                        |                  |
| 13. NAME Server 14. BIRTHPLACE (city or town)   | 1  | Name of operation  |                     |                        | f                |
| (State or country)  | . 00   | What test confirmed diagnosis?   |                     |                        |                  |
| 16. BIRTHPLACE (city or town) It  | ollang   | 23. If death was due to external cau                                   | ises (VIOLENCE) fi  | ll in also the follow  | ving:            |
| 16. BIRTHPLACE (city or town)   | <i>[</i>   | Accident, suicide, or homicide?  | ************        | Date of injury         | , 19             |
| 7. INFORMANT The Law  | lland  | Where did injury occur?<br>Specify whether injury occurred in          | (Specify city or    | town, county and i     | State)<br>PLACE, |
| (Address)   | 4  |  |                     |                        |                  |
| 8. BURIAL, CREMATION, OR REMOVAL Place St. Colmons  | Date Sep 13 , 1932   | Manner of injury   |                     |                        |                  |
| 9. UNDERTAKER Lean ma (Address) Owings  | rsell  | 24. Was disease or injury in any w                                     | ay related to occup | ation of deceased?     |                  |
| 20. FILED Sep. 13 , 1922 21527  | h Harden of Registrar.   | (Signed) (Address)   | w                   | 24                     | M                |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis OFFEIVEV  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage OCT 8 1955   | July 5, 1927  | Peritonitis  | 3 days ago    |
| HEIRPAU V. S.  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | <u> </u>      |

| ADDITIONAL SPACE FOR FURTHER STATEM | MENTS BY PHYSICIAN |
|-------------------------------------|--------------------|
| Varints not married to Ward         |                    |
|                                     |                    |
|                                     |                    |

| STATE OF   | MARYLAND-   | CERTIFICATE OF DEATH 9724  |
|--|---|--|
| 1. PLACE OF DEATH  | CHARLES THE PARTY OF THE PARTY | (115-C)  |
| County as Mess   | _   | Registration Dist. No. 5   |
| Village or City Allen  | 4   | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  |
| Length of residence in city of lown where deeth  2. FULL NAME  |   | ds. How long in U. S. if of foreign birth?yrsmosds   |
| (a) Residence: No. (2) All   | IN  | St. Ward.  |
| (a) residence. No  | (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICA  | L PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
|  | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)   | 21. DATE OF DEATH Sleuber 8, 193 5 (Month) (Day) (Year)  |
| 5a f married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of   |   | 22. I HEREBY CERTIFY, Thet I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year)  | ly 30, 1935   | I last saw he elive on left 1 1935; death is sale  |
| 7. AGE Years Months  | Days If LESS than 1 day,hrs.  | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | ormin.  | Systemic I brush Olig Date of one of   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc |   | acute stomatities due to fringer   |
| 10. Date deceased lest worked at this occupation (month and year)  | 11. Total time (years) spent in this occupation   | Culta.   |
| 12. BIRTHPLACE (city or town) (State or country)   | issel met   | Other Contributory Causes of Importance:   |
| 13. NAME audien  | blugen  |  |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  | unt lo  | Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Onelle   | * HarabiT   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)   | white   | Accident, suicide, or homicide?  |
| 17. INFORMANT Maseur (Address)   | , Hlism   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | ste Spa 9 , 1935  | Menner of injury   |
| 19. UNDERTAKER Wilson >  | ragion  | 24. Was disease or injury in any wey related to occupation of deceased?  |
| 20. FILED 9-9 , 19 35 &  | n, linea  | (Signed) M. C. (Address) M. M. C. M. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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#### Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Allack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

(Yaar)

(Day)

| 22. I HEREBY CER<br>Quy 2/ 19 35                       | TIFY, That I attanded dacaased from                               |
|--|---|
| I last saw h M alive on Aug                            |   |
| 1  |   |
| to have occurred on the data stated above, at          |   |
| The PRINCIPAL CAUSE OF DEATH and cala were as follows: | Total design  |
| holesly tre Sias                                       | shall aug/5,19  |
|  | No.   |
|  | 17  |
|  |   |
|  |   |
| Other Contributory Causes of importance:               |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Name of operation                                      |   |
| What test confirmed diagnosis?                         | Was there an autopsy?   |
| 23. if death was due to external causes (VIOLI         | NCE) fill in also the following:                                  |
| Accidant, suicide, or homicide?                        | Date of injury  |
| Where did injury occur?                                |   |
| Specify whather injury occurred in INDUSTR             | y city or town, county and State) Y, In HOME, or in PUBLIC PLACE. |
|  |   |
| Mannar of injury                                       |   |
| Nature of injury                                       |   |
| 24. Was disease or injury in any way raiated t         | o occupation of daceased? Ho                                      |
| If so, spacify   | 1   |
| (Signad) 12  | K.D.  |
| (Address)  | y Judiuch   |
| 411 N. Charles Street, Baltimore, Requesting U.        | S. No. 1.   |

-WRITE mation 17. INFORMANT

19. UNDERTAKER (Addrass)

(Addrass) 18. BURIAL, CREMATION OR

very

LION

Registrar. If more blanks are needed, address State Registrar, 2

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|  | Example I  | -1            | Example II   |               |
|--|--|---------------|--|---------------|
| The principal cause of importance were a | f death and related causes follows:  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                         | OCT 9 1905   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nep                 | hritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                      | BUREAU V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |
|  | Antimoderation of the control of the |               |  | Mal           |
| Other contributory c                     | auses of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones                               |  | May 1,1923    | Gastroenteritis  | 1 year        |
|  |  |               |  |               |
|  |  |               |  |               |

| For navny | ONAL SPACE FOR I | FURTHER STATEM | ENTS BY PH | YSICIAN | Kind 11. |
|-----------|------------------|----------------|------------|---------|----------|
|           | 6                |                | 0          |         | 7        |
|           |                  |                |            |         |          |

# (8)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

| STATE OF | MARYLAND-CERTIFICATE | OF | DEATH |
|----------|----------------------|----|-------|
|          |                      |    |       |

| 1. PLACE OF DEATH   | -   | 46-8   |
|---|---|--|
| County Carrey   | P   | Registration Dist. No. 3   |
| Village or City June Maill  | no  | NoSt.,Wa   |
| Langth of residence in situ or town where death seem              |   | f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foralgn birth? |
| 111 - 1   | 11a0yrs   | syrsmos  |
| 2. FULL NAME  | 7   |  |
| (a) Residence: No.  |   | St., Ward.   |
|   | ual place of abode)                             | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL F  |   | MEDICAL CERTIFICATE OF DEATH   |
| M W ORD   | LE, MARRIED, WIDOWED, IVORCED, (write the word) | 21. DATE OF DEATH (Month) (Day) (Year)   |
| 5a. If marriad, widowed, or divorced HUSBANO of (or) WiFE of      | a. Jones  | I HEREBY CERTIFY. That i attended daceased from  |
| 6. DATE OF BIRTH (month, day, end yaar)                           | 93 1851   | I last saw h alive on 192 ; death is si  |
| 7. AGE Years Months 0   | ays If LESS than                                | fo have occurred on the data stated above, at  |
| 84 3 3  | 1 day,hrs.<br>ormin.                            | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:   |
| 8. Trada, profession, or particular kind of work done, as SPINNER |   | accimona or greater pry  |
| SAWYER, BOOKKEEPER, atc.  |   | curatur of storact   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc            |   | 5  |
| SAW MILL, BANK, efc   | l. Tofal fima (years)                           | -  |
| this occupation (month and year)                                  | spent in this                                   |  |
| ) - (   | · ·   | Ofher Contributory Causes of importance:   |
| 12. BIRTHPLACE (cify or fown)                                     |   |  |
| (Sfate or counfry)  |   |  |
| 13. NAME James Jone   | 8   |  |
| 13. NAME James Jone 14. BIRTHPLACE (city or town)                 |   | Name of operation Dafe of  |
| (Stata or country)  |   | Whaf tasf confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME CM Jr 16. BIRTHPLACE (city or fown)               | oft   | 23. If death was due to external causes (VIOLENCE) fill In also the following:   |
| O 16. BIRTHPLACE (city or fown)                                   |   | Accidenf, suicida, or homicide? Dafe of Injury, 19   |
| ≥ (Stafe or country) MA   |   | Where did injury occur?  |
| 17. INFORMANT Mus. Melin Cope<br>(Addrass) Inner Meuller          | ·   | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                     |
| 18. BURIAL, CREMATION, OR REMOVAL Place All Saints Oata           | Sept 16, 1935                                   | Manner of injury   |
| dia .   | 4 () 1  | Nature of Injury   |
| 19. UNDERTAKER TOUTEN TOUS  | chists  | 24. Was disaase or injury in any way related to occupation of dacaased?  |
| (Addrass) (Curity go  |   | If so, specify   |
| 20. FILED Sept 16, 1935 - M.                                      | 3. Cof  | (Signad) Aug Ward M.   |
|   | ***************************************         |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting S. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

12,8001

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | ł             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage OCT 8 1935   | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       | 2             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-------|---------|------------|----|-----------|
|------------------|-------|---------|------------|----|-----------|

V. S. No. 1

|   | MARYLAND-  | CERTIFICATE OF DEATH 97   | 27           |
|---|--|---|--------------|
| 1. PLACE OF DEATH   |  | (194-2)   |              |
| County Calvert  |  | Registration Dist. No. 521  |              |
| Village or City   | (1)  | NoSt.,St.,St.,St.   | War          |
| Length of rasidanca in city or town where daath or  | curred yrs mo  | sds. How long in U.S. if of foralgn birth? yrsmos   | d            |
| 2. FULL NAME Lagar L  | Inday  |   |              |
| (a) Residence: No. — Pulling  | Usual place of abode)                                  | USt., Ward.  If nonresident give city or town and Sta   | ute          |
| PERSONAL AND STATISTICAL  | PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |              |
|   | NGLE, MARRIED, WIDOWED,<br>R DIVORCED (write the word) | 21. DATE OF DEATH 9   | 93.5         |
| 5a. if married, widowed, or divorced  |  | (Month) (Day)   | (Yaar)       |
| HUSBAND of Munals   | 2. Keddy   | 22.   HEREBY CERTIFY, That I attended dec   | ceased from  |
| 6. DATE OF BIRTH (month, day, and year)   | 29.1906  | I last sew h. Palive on 19 ; d  | ieath is sai |
| 7. AGE Yaars Months   | Days If LESS than                                      | to have occurred on the date stated above, at Significant.  |              |
| 1 31 31   | 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                    |              |
| 8. Trade, profassion, or particular   |  | Isature of stall  | 3/3/         |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.  | mu.  | Franky week   | 1010         |
| 9. Industry or business in which work was done, as SILK MILL,   |  |   |              |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and | 11. Total tima (yaars) spent in this                   | -   |              |
| year)   | occupation   |   |              |
| 12. BIRTHPLACE (city or town)   | 100  | Other Coutributory Causes of importance:  |              |
| (State or country)  | CA   |   |              |
| I 13. NAME / Relace - Ko  | dy   |   |              |
| 14. BIRTHPLACE (city or town)   | /  | Nama of operation Date of   |              |
| (Stete or country)  | 000  | What test confirmed diagnosis? Was there an auto  | nev?         |
| 15. MAIDEN NAME Desire 7  | noklead  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                    | p3):         |
| 15. MAIDEN NAME   | 1  | Accident, suicide, or homicide?   | 192          |
| State or country)   | A A  | Whare did injury occur? Works   | -, 10-5-3    |
| Isalane Par   | Edy,   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | F            |
| 17. INFORMANT (Addrass)   | ~  | While taking a bee lime in  | NO LL        |
| 18. BURIAL, CREMATION, OR REMOVAL   |  | Manner of injury tree fell on him   |              |
| Pleca Frendship Date  | Sep 6 , 1975   | Natura of injury Crushed about Dues   | E            |
| 21021212  | ^  | 24. Wes disease or injury in any way related to occupation of daceased?   | 6            |
| 19. UNDERTAKER W. A. Transfer (Address) 201 7 House month   | (V   | If so, spacify  |              |
| 1.11  | 1. 1.61.   | (Signad) Hogh What  | М.           |
| 20. FILED. 1923 10 77 73  | Registrar.   | (Address)   |              |
|   | **************************************                 |   |              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Pate of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis MINITALL V S  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |
|  |               |  |               |
| **Other contributory causes of importance:                                     | May 1,1923    | Other contributory causes of importance:                                       | 1 year        |
|  |               |  |               |

V. S. No. 1

| item of infor-  | should state   | of OCCUPA-   |  |
|---|--|--|--|
| RECORD. Every   | Y. PHYSICIANS  | Exact statement  |  |
| IS A PERMANENT  | stated EXACTL  | properly classified.   | ertificate.  |
| UNFADING INK-THIS   | supplied. AGE should be s  | n terms, so that it may be I   | ee instructions on back of c                                     |
| N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  | 128          |
|---|---|--------------|
| 1. PLACE OF DEATH   |   | -30          |
| County Caluette -   | Registration Dist. No. 5/   |              |
| Village or City Sent Republic   | NoSt  | Ward         |
| Length of residence in city or town where death occurredyrsmos.                             | death occurred in a hospital or institution, give its NAME instead of street and numlessds. How long in U.S. if of foreign birth?yrsmos   |              |
| 2. FULL NAME DM Payker  | If U.S. Veteran specify WAR   |              |
| (a) Residence: No. Jant Kepublic (Usual place of abode)                                     | St., Ward.  If nonresident give city or town and State  | te           |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |              |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  Lift (Month) (Day)  (Day)  | (Year)       |
| 5a. If married, widowed, or divorced  **FUSBAND of  (or)_WIFE.of                            | 22. HEREBY CERTIFY, That I attended dece  |              |
| 6. DATE OF BIRTH (month, day, and year)   | I last saw h elive on   |              |
| 7. AGE Years Months Days if LESS than 1 day,hrs.  | to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence   |              |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | were as follows:  Described to the state of | ate of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc           |   |              |
| 10. Date deceased last worked at this occupation (month and year)                           |   |              |
| 12. BIRTHPLACE (city or town) Golf Republic. (State or country)                             | Other Centributory Causes of importance:  |              |
| 13. NAME Namid Salver.  | · · · · · · · · · · · · · · · · · · ·   |              |
| 14. BIRTHPLACE (city or town) Calsus &  | Name of operation Date of   |              |
| (State or country)  | What test confirmed diagnosis? Was there an autog   | psy?         |
| 15. MAIDEN NAME   | 23. If death wes due to external causes (VIOL ENCE) fill in also the following:   |              |
| 16. BIRTHPLACE (city or town)  (Stete or country)   | Accident, suicide, or homicide? Date of Injury Whare did injury occur?  | ., 19        |
| 17. INFORMANT CANUL FULLY (Address)   | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |              |
| 18. BURIAL, CREMATION, OR REMOVAL Place Tarkers reck Date 9/2/, 1935                        | Manner of injury  |              |
| 19. UNDERTAKER John Commodore (Address) Johns Creek Red.                                    | 24. Wes disaase or Injury in any way related to occupation of deceased?   |              |
| 20. FILED 9/20 , 19.35 J. N. Tung<br>Registrar.   | (Signed) A January Reduces  | M. D.        |
| 76 11 1 11 11 11  |   |              |

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| BUSEAU V. S.   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |